

☐ New ☐ Renewal



9229 W. Loomis Road
Franklin, WI 53132-9728

City Clerk's Office

414-425-7500

July 1, 2014 -

June 30, 2015

APPLICATION
Transient Merchant Permit
St Martins Fair – Merchandise Only

- | | | |
|--|----|--------|
| <input type="checkbox"/> Monthly fee _____ (insert month) excludes September | \$ | 25.00 |
| <input type="checkbox"/> Annual fee NOT including Labor Day Event Endorsement | \$ | 60.00 |
| <input type="checkbox"/> Annual fee including Labor Day Event Endorsement (30 ft.) | \$ | 160.00 |
| <input type="checkbox"/> Annual fee including Labor Day Event Endorsement (max. 15 ft.) | \$ | 80.00 |
| <input type="checkbox"/> Issued at Fair (including Labor Day Event Endorsement) – 30 ft | \$ | 260.00 |
| <input type="checkbox"/> Issued at Fair (including Labor Day Event Endorsement) – max. 15 ft | \$ | 180.00 |
| <input type="checkbox"/> Non-intoxicating & Soda Water Beverages | \$ | 5.00 |

Applicant (PRINT ALL INFORMATION)

Name _____ Social Security No. X X X - X X - _____

Date of Birth ____ / ____ / **19** ____ Place of Birth _____

Height _____ Weight _____ # Hair Color _____ Eye Color _____

Drivers License Number _____ State _____ Expiration Date _____

Present Address _____

City/State/Zip _____ Phone _____

E-mail Address _____

If less than two years at present address, list previous address:

City State Zip _____

Permanent Address _____

City/State/Zip _____ Phone _____

Temporary business location

Location _____ Phone _____

List ALL criminal convictions

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

Person, firm or corporation represented by applicant

Name _____

Address _____

City/State/Zip _____ Phone _____

Vehicle used for conducting business

Year _____ Make _____ Model _____ License # _____

Method of merchandise delivery _____

List three previous municipalities where business was conducted

Applicant can be contacted for at least seven days at

Address _____

City/State/Zip _____ Phone _____

Type of products or services to be sold (be specific) _____

Wisconsin Seller's Permit Number _____**Attach copy of identification**

APPLICANT UNDERSTANDS AND AGREES THAT THIS PERMIT IS NOT TO INSURE NOR INDEMNIFY AND SHALL NOT BE CONSTRUED AS SUCH. APPLICANT FURTHER AGREES THAT APPLICANT WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF FRANKLIN FOR ANY & ALL CLAIMS ARISING FROM THE SERVICE OR GOODS PROVIDED UNDER THIS APPLICANT OR PERMIT.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT APPLICANT APPOINTS THE MUNICIPAL CLERK OF THE CITY OF FRANKLIN "TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST THE APPLICANT ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY THE APPLICANT IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF THE APPLICANT, IN THE EVENT THAT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY." CODE OF THE CITY OF FRANKLIN §237.4.D.

SIGNATURE MUST BE NOTARIZED

Date _____ Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 201

NOTARY PUBLIC, COUNTY OF MILWAUKEE STATE OF WISCONSIN

MY COMMISSION EXPIRES _____

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

E V E N T O P E R A T O R	PART A: Event Information: To be completed by the operator of the temporary event	
	1. Name of Temporary Event	<u>St. Martin's Fair</u>
	2. Date(s) of Temporary Event	<u>First Monday of each month</u>
	3. Location of Temporary Event (e.g., Venue, City)	<u>St Martins Rd/Forest Home Ave, Franklin</u>
	PART B: Operator Information: To be completed by the operator of the temporary event	
	1. Name and Address	<u>City of Franklin</u> <u>9229 W Loomis Road, Franklin, WI 53132</u>
	2. Daytime Telephone Number	<u>(414) 425-7500</u>
	3. E-mail Address	_____
	4. Wisconsin Tax Account Number	_____ - _____ - _____ If blank, check appropriate box: <input type="checkbox"/> No Taxable Sales <input type="checkbox"/> Exempt under Occasional Sales Rule <input type="checkbox"/> Exempt Nonprofit Organization <input checked="" type="checkbox"/> Other - Explain: <u>Municipal Corporation</u>
	S E L L E R	PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.
THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT - SEE INSTRUCTIONS		
1. Legal Name		_____
2. Business Name		_____
3. Address (Street or Route)		_____
4. City, State and Zip Code		_____
5. Home Telephone Number ()		_____
Business Telephone Number ()		_____
6. Wisconsin Tax Account Number		_____ - _____ - _____
7. Social Security Number		<u>X X X - X X -</u>
8. Federal Identification Number (FEIN)	<u>X X - X X X</u>	
9. Check one box indicating the type of activity you intend to engage in at this event:		
<input type="checkbox"/> Selling Taxable Merchandise or Service	<input type="checkbox"/> Display Only	
<input type="checkbox"/> Selling Exempt Merchandise or Service	<input type="checkbox"/> Exempt under Occasional Sales Rule	
<input type="checkbox"/> Direct Sellers, Company Name	<input type="checkbox"/> Nonprofit Organization	

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name: _____

Signature: _____

Date: _____

Information about temporary events, including forms, instructions and FAQ's can be found on the Department of Revenue's website at www.revenue.wi.gov/html/temevent.html. If you have additional questions, please contact the Department of Revenue by e-mail at tempevtprg@revenue.wi.gov or telephone at (920) 832-2910. See reverse side for submission instructions.